

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000092761 (2)
 1. Corporation Name
SOUTHEASTERN RECYCLING, CORPORATION



Principal Place of Business 5520 NW 35TH AVE. SUITE 307 HIALEAH FL 33142 US	Mailing Address 5520 NW 35TH AVE SUITE 307 HIALEAH FL 33142-2704 US
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3. Date Incorporated or Qualified 12/06/1995	3a. Date of Last Report 03/19/1996
4. FEI Number 65-0622987	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 782 NW Le Jeune Rd
22 City & State	27 434
23 Zip	28 Miami FL
24 Country	29 USA

9. Name and Address of Current Registered Agent

BARON, RICHARD
11077 BISCAYNE BLVD.
SUITE 307
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name Antonio R. Lopez
82 Street Address (P.O. Box Number is Not Acceptable) 782 NW Le Jeune Rd
83 Suite 434
84 City Miami
85 Zip Code FL 33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **Antonio R. Lopez, CPA** DATE **1/23/97**

12. OFFICERS AND DIRECTORS

TITLE PD	NAME ESQUENAZI, ALBERT	<input type="checkbox"/> DELETE
STREET ADDRESS 3802 NORTHEAST 207TH ST. #2003	CITY-ST-ZIP AVENTURA FL 33180	
TITLE VD	NAME ESQUENAZI, SARA	<input type="checkbox"/> DELETE
STREET ADDRESS 3802 NORTHEAST 207TH ST. #2003	CITY-ST-ZIP AVENTURA FL 33180	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/23/97**

CR2E034 (9/96)